Mental Health - Everybody's Business

Katherine Glover

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MENTAL HEALTH— EVERYBODY'S BUSINESS

BY KATHERINE GLOVER

PUBLIC AFFAIRS PAMPHLET NO. 196

with the cooperation of
THE NATIONAL ASSOCIATION FOR MENTAL HEALTH
and THE NATIONAL INSTITUTE OF MENTAL HEALTH

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AS ONE CONSIDERS MENTAL HEALTH PROBLEMS on a world-wide scale, the first thing that strikes one is the immense variation of the treatment facilities for the psychiatric disorders. In the United States of America there is about one psychiatric bed for every 230 inhabitants; India and Pakistan have about one psychiatric bed for every 17,500 inhabitants. The second thing that strikes one is that, not only is there great variation in the extent of the treatment facilities available, but also in the prevalence of the psychiatric disorders themselves.

Such great variations in both needs and facilities show that an essential step in *national* action is a thorough study of *national* needs and facilities. The fact that the National Institute of Mental Health and the National Association for Mental Health have cooperated to present in this pamphlet the available facts and point up the needs that they show is a praiseworthy example of teamwork between State and private initiative.

The quality of the treatment which psychiatric patients receive depends to a great extent on the support which the citizen gives to those who are seeking to improve it. The development of preventive action also will depend much upon the accurate understanding by the citizen of the need for such action. This pamphlet is a valuable aid to such understanding.

BROCK CHISHOLM, M. D.
DIRECTOR-GENERAL
WORLD HEALTH ORGANIZATION

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MENTAL HEALTH — EVERYBODY'S BUSINESS

BY KATHERINE GLOVER

This pamphlet has been written with the cooperation of the National Association for Mental Health and the National Institute of Mental Health, Public Health Service, U. S. Department of Health, Education, and Welfare. The author is a nationally known writer on social and health problems. . . . The illustrations are by Alexander Dobkin.

JOHN DAWSON, a top executive of an exporting firm, has his office in the Chicago Loop and lives in a suburb thirty miles away. He gets up in the morning, sets the thermostat, and his house is heated. Food for his breakfast is refrigerated by electric current fed through a wire and cooked by the same invisible means. He speeds to the station in a high-powered car operated by a touch on the pedal, takes an express which lands him at his office before he has time to finish reading the morning paper.

A telephone call from London comes during the morning, alerting him to an emergency in the European branch of his firm. A conference of representatives is arranged for the next day in Paris. By afternoon, John Dawson is on his way across the Atlantic by plane. He covers in twelve hours the distance it took Columbus three months to travel, and President Wilson ten days when he went to the Versailles conference.

Yet the John Dawson who flies through the air and commands endless marvels at the touch of a button differs very little in his

nature and his controls from the men who crossed the ocean with Columbus. If he should break under the strain of his high voltage life, he would know less how to cope with the problem than if his car got out of whack.

There are millions of John Dawsons in these United States, living beyond the speed limit, beyond their understanding of how to manage their inner controls. Some can take it, paying no greater penalty than ulcers, chain smoking, sleeping pills, high blood pressure, or a misbehaving heart. Others can't take it; they crack up. Some fail as husbands and fathers, and land in the divorce court. A few black out by suicide.

The very toll of human discord and unhappiness forces us to be concerned with mental health. How to help individuals achieve an equilibrium between themselves and the external world is the job of mental hygiene. It is perhaps the most compelling task of our times. Man at last has come face to face with that which he understands least and fears most — himself.

Men and women who have a sense of well-being, a zest for working and playing, who have a daily-felt sense of happiness are mentally healthy. The attainment of such a sense of well-being is everybody's business.

The Challenge

When the nation took an inventory of American youth at the time of the draft for World War II, it found that 12 per cent of all the men examined—more than one-third of those rejected—were barred for neuropsychiatric reasons. These were young men, supposedly at the peak of their physical and mental vigor. It was a shock not only to the Army but to the nation. It was likewise a prod to search for causes and do something.

During the Korean War the Army attacked the problem of salvaging mental cases as it had never been attacked before. In the process findings have been made that are applicable to the whole problem of mental illness and—which is more important—to the preservation of mental health.

"Up-front" Program in Korea

A program in Korea called the "up-front" program was inaugurated. This is the way it operated. On one occasion, when Jim Thompson, 20-year-old private first class, was ordered to attack with his combat unit, Jim suddenly froze where he stood. Urged on by his buddies, he became hysterical and had to be taken out of the lines. He was ordered by his commanding officer to the battalion aid station back of the lines.

The medical officer there prescribed a good meal, a hot bath, and light duty for three or four days in the kitchen area with plenty of time for rest. Jim and the officer talked things over and it was explained to Jim that he had had a little more than he could take — he had been steadily under fire for six weeks. After his first day's rest, Jim wanted to go back, but he was ordered to wait out the three or four days. He then went back, and he fought like the good soldier he had been. Jim had learned something about his own adjustment to combat conditions.

If that one respite had not been enough, Jim would have been sent to the division clearing center. There a psychiatrist would have taken over. Treatment would have been an increased dose of the same simple measures — food, rest, light assignment. Interviewing by the psychiatrist would have been more searching. Jim would have been encouraged to talk out his battle experience, the psychiatrist helping him to gain insight into the causes of his temporary breakdown.

Jim would have gone back probably after a week or ten days. This time he would know still more about himself and be better able to adjust to combat conditions. There are two further stages in the up-front program in cases where the difficulty is more stubborn: the first, treatment of a more intensive nature in a hospital at Seoul; the second, in even more resistant cases, evacuation to Japan or to the United States for hospital care or possibly assignment to non-combat duty.

Seventy per cent of the men suffering psychiatric difficulties in Korea were returned to action through this kind of treatment. The

number of discharges was between 1 and 2 per thousand, in contrast to the 24 per thousand in 1943.

No new, startling techniques are applied in this program of the Army. The secret of its success lies in three things: (1) more general application of what we know; (2) the training in the elementary principles of human behavior of those who deal professionally with people; and (3) the availability of specialists at the point where the difficulty goes beyond minor disturbance. These are the essentials of a successful attack upon early emotional difficulties wherever they occur.

There are innumerable civilians to whom daily life is a kind of Korea, with tests beyond their capacities. Yet for them these three aids are unavailable. There is no such "up-front" treatment for people generally such as the Army provides.

The Cost of Mental Illness is Heavy

It is sheer economy in the Army, where manpower is vital, to give every man the best possible care in the hope of preventing mental casualties. But we have not yet awakened to the cost of mental illness among citizens generally, and the savings to be made by applying mental health principles. Yet mental disturbances are responsible for more sickness than any other kind of disease except the arthritic diseases. Mental patients occupy more than half of our hospital beds. Because mental illness is so often of long duration, it is responsible for more time spent in hospitals than all other diseases combined. This means a heavy cost to taxpayers and to the families of patients; and even heavier are the costs in loss of earnings, the loss to society of the productive output of the mentally ill — to say nothing of the cost, not measurable in money, in the suffering of individuals and families.

There has been a 17 per cent increase in the population in mental hospitals since 1939. The increase is continuing, although it is limited by a shortage of hospital beds.

We do not know whether or not the increase in mental patients in hospitals indicates an increase in mental diseases. It may be

due to such things as better diagnosis, greater willingness of patients to enter hospitals because of more improved facilities and care. The fact that more people live longer and thus are subject to the mental ills of old age is also a contributing factor to the increased number of mental patients.

Hospitalized patients are, of course, a relatively small proportion of the total of the mentally ill. In addition, there are those who are mentally disturbed to the point of *being seriously maladjusted* or who seek warped satisfactions through crime, delinquency, alcoholism, drug addiction, and prostitution.

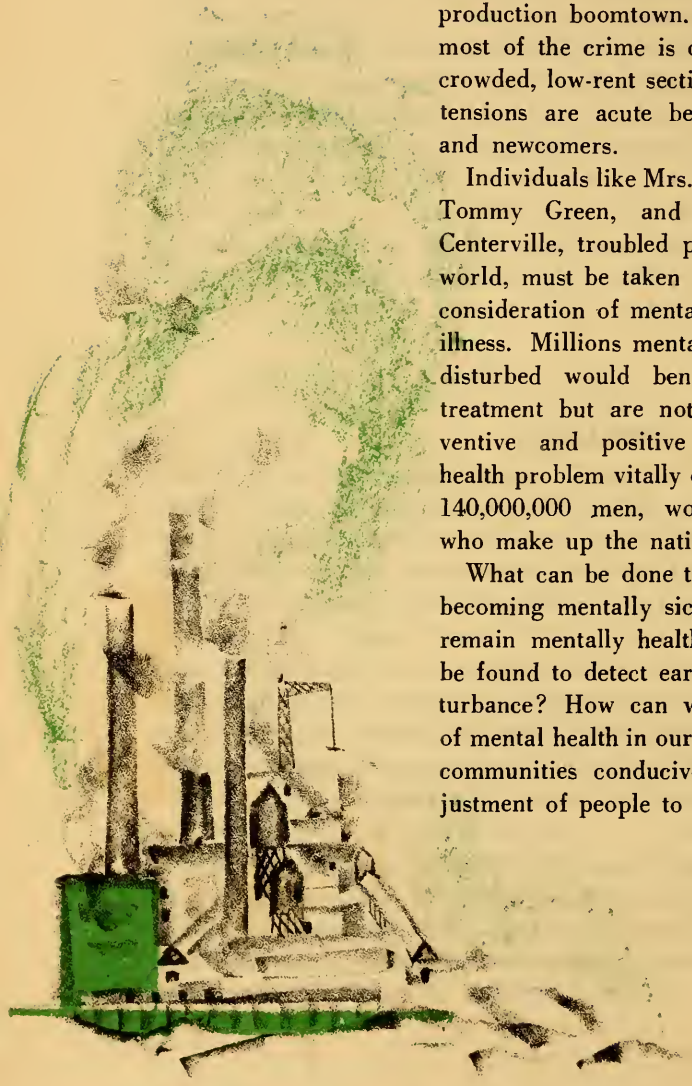
Public awareness of the problems of mental health has grown considerably in the last twenty years. It has led to the passage of laws which establish public responsibility, national, state, county, and local, for improved services to the mentally ill and the promotion of mental health.

WHAT ARE THE PROBLEMS?

MRS. CARTER, mother and grandmother, active and busy all her life, finds herself at 73, with but one occupation — occasional baby-sitting with her grandchildren. Mrs. Carter begins to have lapses of memory, does strange and unaccountable things. Finally she becomes such a burden to herself and others that she is sent to a mental institution.

John Miller, 35, ambitious, a go-getter in his business, becomes unaccountably depressed, is irritable at home and at the office. He can't sleep and eventually his depression reaches the point where he threatens suicide. When he finally seeks help, his family physician sends John to a psychiatrist in the hope that he may be able to unravel his difficulties.

Tommy Green, a seventh-grader, child of divorced parents, begins to take money from his mother's pocketbook and finally is caught stealing at school. Tommy's behavior reaches the point where his teachers, unable to cope with him, recommend treatment at a local child guidance clinic.



Delinquency, drinking, and petty crime among teen-agers have reached disturbing proportions in Centerville, once a pleasant, well-ordered community, now a defense production boomtown. Records shows that most of the crime is centered in an overcrowded, low-rent section of the city where tensions are acute between old residents and newcomers.

Individuals like Mrs. Carter, John Miller, Tommy Green, and the teen-agers in Centerville, troubled people in a troubled world, must be taken into account in any consideration of mental health and mental illness. Millions mentally and emotionally disturbed would benefit by psychiatric treatment but are not getting it. In preventive and positive terms the mental health problem vitally concerns the remain- 140,000,000 men, women, and children who make up the nation.

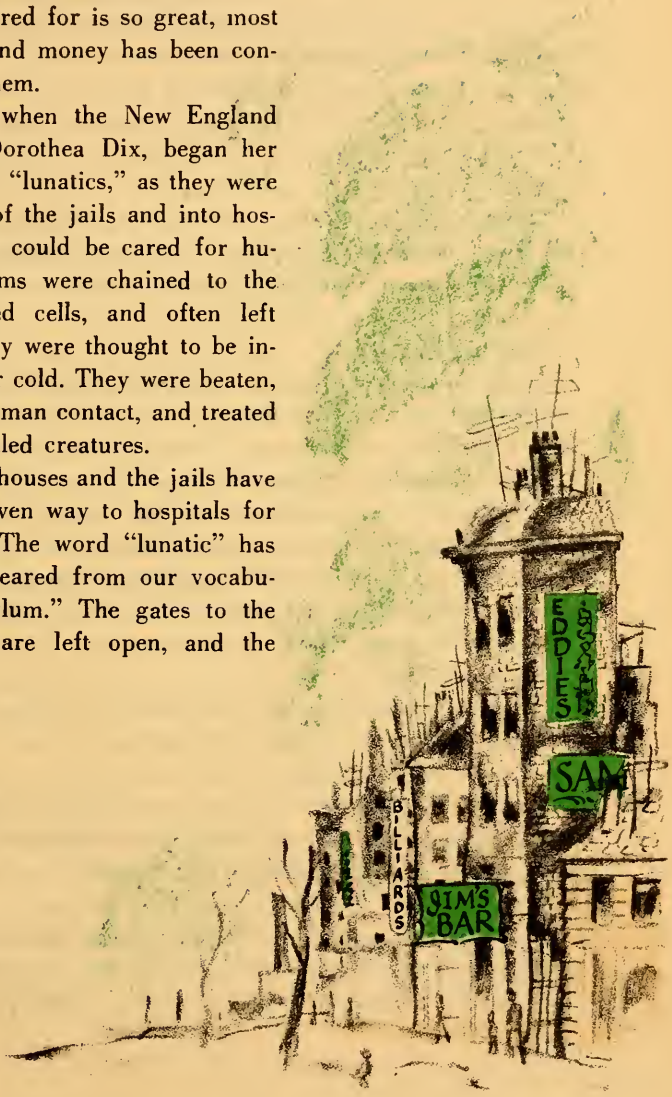
What can be done to keep people from becoming mentally sick and help them to remain mentally healthy? How can ways be found to detect early symptoms of disturbance? How can we create a climate of mental health in our homes, schools, and communities conducive to the better adjustment of people to the impacts of life?

Care of Those Mentally Ill

Because there are so many persons ill enough to be confined to mental hospitals and because the lag in caring for them as they should be cared for is so great, most of the attention and money has been concentrated upon them.

In the 1840's when the New England school teacher, Dorothea Dix, began her crusade to get the "lunatics," as they were then known, out of the jails and into hospitals where they could be cared for humanely, the victims were chained to the floors of unheated cells, and often left naked because they were thought to be insensible to heat or cold. They were beaten, exiled from all human contact, and treated as evil and bedeviled creatures.

Today the poorhouses and the jails have almost entirely given way to hospitals for the mentally ill. The word "lunatic" has practically disappeared from our vocabulary, as has "asylum." The gates to the mental hospitals are left open, and the traffic is two-way.



Many who enter leave, improved or cured. Custodial care of patients to a considerable extent has given way to treatment and efforts to restore them to normal living. Yet recent surveys show that in spite of many improvements practically every condition that existed at the time of Dorothea Dix can still be found in some of our present-day mental hospitals. In some states it is still legal to confine mental patients in jails while they await legal admission to hospitals. Patients are still chained to beds, dressed in rags. Custodial care, with below-decent standards, is all that many patients in some state hospitals receive.

Though great advances have been made within the past two decades, conditions vary widely in different states. General application of the new methods of care and treatment has just begun.

Public Hospitals

The public has, for many years, assumed some responsibility for the mentally ill. This was true even in the days when the jail was the catchall for the insane. Today all but about 2 per cent of hospitalized mental patients are in public mental hospitals.

There are 201 state mental hospitals in the country. According to the American Psychiatric Association, not a single one meets the standards laid down by that association. The sums paid for food and care of patients (see page 23) are a clear index that care falls short of what it should be — and in the case of the minimum sums, shockingly short.

Overcrowding in hospitals is common. On the basis of the accepted standard of 5 beds for mental illness needed for every 1,000 population, 330,000 more "acceptable" beds than are now available are needed, or 750,000 instead of the now available 420,000 beds. This means that large numbers of mental patients are now in unacceptable beds. About 3 out of every 4 state mental hospitals report overcrowding:

43 per cent report overcrowding in excess of 20 per cent
29 " " " " " " 30 "
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The manpower needs are equally acute. Measured by the standards of the American Psychiatric Association for personnel, the average state mental hospital is about:

56 per cent understaffed in physicians
76 " " " registered nurses
75 " " " psychiatric social workers
30 " " " clinical psychologists.

New Techniques

More beds and more trained persons for care and treatment of the mentally ill mark only part of the need. Even greater hope lies in a wider application of some of the measures that are curing patients and reducing the population of the hospitals. There are such experiments as the day-care programs in use in Montreal, Canada, Topeka, Kansas, and a few other places, where patients spend the day hours in the hospital environment, receive all essential treatment, and return to their homes at night. In other instances, recuperating patients are placed in foster homes. There are also hospitals for intensive or "total push" treatment of cases in the early stages of disorders, where all possible treatment and therapy are used with the hope of restoring patients in a short period of time and saving them from long hospitalization.

These are indications that more, far more, can be done to treat and rehabilitate mental patients and shorten their stay in hospitals than is now being done. The problem is how to apply more widely these encouraging experiments. The obstacles are public apathy, not enough people to do the job, too few dollars.

Those Mentally Under Par

The mentally deficient have been called "the children who never grow up." They are often tragic burdens upon their real parents and their foster parent, society. They number one and a half million persons and represent about 1 per cent of the total population. Only about 10 per cent of them are or should be in institutions. Many of the others remain in the families to which they were born,

sometimes tenderly loved and cared for, but sometimes neglected.

The special classes provided for the mentally retarded are far from adequate. They need to be expanded and extended to include children in smaller communities and rural areas. Some kind of education adapted to children of lower mentality should be provided for those who are not usually eligible to attend the special classes.

The fact that such a small proportion of defectives belong in institutions throws a burden of responsibility upon families and the community.

Interest in mentally deficient children is growing. Parent associations devoted to their interests are mushrooming over the country and are banded together in the National Association of Retarded Children. These parent groups are helping to bring pressure upon school systems to provide some kind of day school program which will meet the needs of the children in the moderate grade of mental deficiency so that they can remain at home. Other measures recommended are community classes set up outside of the schools,

residential training schools, sheltered workshops, or community centers for mentally defective young people beyond the school age.

The program that will best protect the individual and society is the one that will provide character and social training for the mentally handicapped in an environment adapted to their needs; schooling and vocational training for those who are capable of receiving it; and, above all, love and understanding for all these "children who never grow up."

Clinics — First-Aid Stations

The psychiatric clinic is a first-aid station and clearing house for the mentally disturbed. There are about 1,150 places where psychiatric clinic services are available — including those of the Veterans Administration and part-time clinics. This is an increase of about 200 since 1947. The number of clinics operating five days a week has increased from 250 to almost 500. This number falls far short of the need. Not only are clinics too few but they are unevenly distributed. Almost half of the clinics are in cities of 100,000 population and over.

About 60 per cent of all the clinics are supported by state, county, or city health and welfare agencies. Some are connected with courts, some with schools. Two-thirds of all the mental hygiene clinics are partly or entirely devoted to children.

The clinics which work most effectively are combined with other health services and other community services. They help educate the community through conferences, workshops, and other activities.

The clinic demonstrates the value of the team approach in its staff membership. It usually has a psychiatrist, a clinical psychologist, a psychiatric social worker, and in some instances a nurse. This team approach is used also in mental hospitals and is spreading into other areas where the community is concerned with human relationships.

Psychiatric clinics for children have come a long way since the first one was started in Chicago in 1909 to deal with boys from the juvenile court. But the broader possibilities of the clinic as a preventive weapon are just beginning to open up.

PROGRESS IN MEETING THE PROBLEMS

A GROWING FEELING that states, communities, and the federal government have a responsibility not only toward the mentally ill but for the mental health of all the population led to the passage of the Mental Health Act in 1946. The program authorized by Congress was centered first in a Mental Hygiene Division of the Public Health Service. In 1949, the Division was replaced by the National Institute of Mental Health which joined the six other research units of the Public Health Service that form the National Institutes of Health.

This was the first time that mental health was given equal emphasis with other major fields of public health. But the funds available for the work were small in comparison with the size of the problem. The total appropriation to the Public Health Service for the mental health program for the fiscal year 1953 was $10,905,222. A single item in our defense program costs $20,000,000 — one super jet bomber, B-52.

National Institute of Mental Health

The National Institute of Mental Health has a three-pronged program: research, training, and aid to states and communities for mental health services. Money is allocated for approved research projects which have been screened by a citizen council, the National Advisory Mental Health Council, made up of six physicians and scientists and six leaders in public affairs. Training grants are made to hospitals, universities, and other institutions to expand and improve their training facilities, and stipends are granted to graduate students in order to increase the number of much needed psychiatrists, clinical psychologists, psychiatric nurses, and psychiatric social workers. The third allocation of funds, to states and communities for mental health services, is made on a matching basis, two dollars of federal funds to one of state and local funds.

The opening of the Clinical Center of the National Institutes of Health in the summer of 1953 marks a new chapter in medical research. The seven units of health research which make up the Institutes are brought together under one roof to study causes,

treatment, prevention, and cure. In addition to mental illness, diseases to be studied are cancer, cardiovascular, neurological and metabolic diseases, arthritis, and other long-term or chronic illnesses, as well as certain still unconquered infectious diseases. A fourteen-story red brick building rising against the Maryland sky is a building of hope. It is the world's largest health research center.

Veterans Administration Program

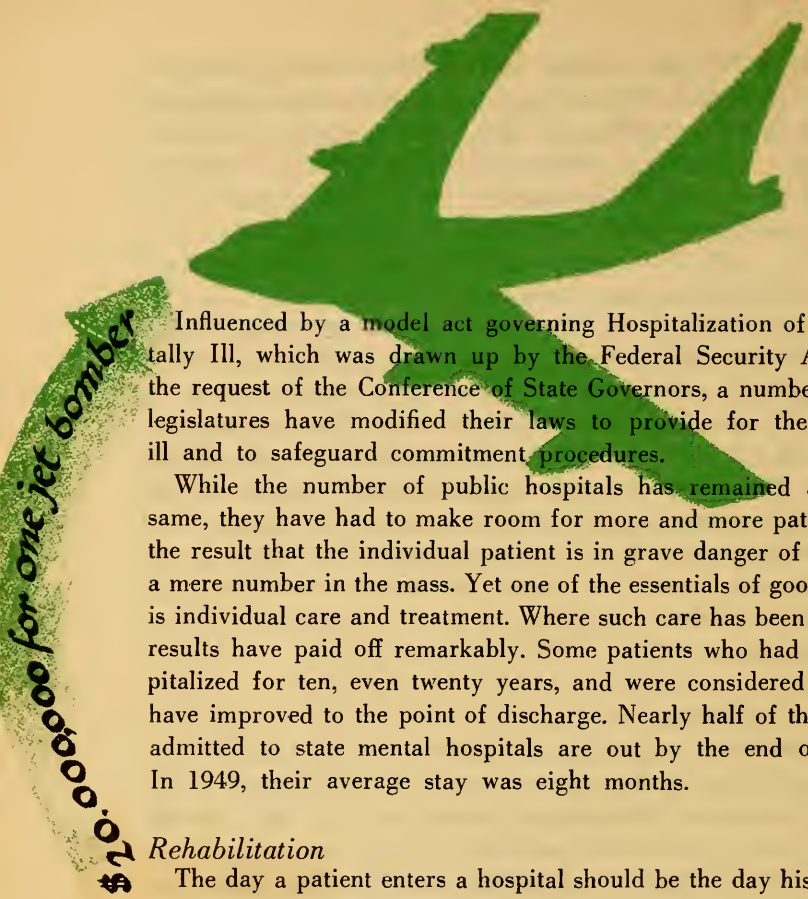
The biggest psychiatric program in the federal government is that of the Veterans Administration, which is dealing with the psychiatric casualties of two world wars and Korea. The cost to taxpayers of the vast salvage job is $500,000,000 annually. There are approximately 270,000 veterans with service-connected neuropsychiatric disorders. The Veterans Administration operates 34 hospitals devoted almost exclusively to psychiatric patients and 75 general hospitals with psychiatric services. It operates 62 mental health clinics. The large sums paid annually in pensions to veterans because of mental disability bear witness to the costs of war to the minds as well as to the bodies of men.

States on the March

The states have always borne the brunt of the responsibility for the mentally ill. The first mental hospital was established in the Colonial Capital in Williamsburg, Virginia, in 1773. But for more than a century few hospitals replaced the jails.

By 1945, the states were spending $166,000,000 to look after patients in mental hospitals, but only twenty-four of them were setting aside funds for any kind of community programs for prevention. Today, every state, territory, and the District of Columbia has a mental health program.

With federal grants to help out, states and local communities not only have developed mental health clinic services for both children and adults but have strengthened such services in the schools and courts. They have also helped to extend psychiatric knowledge to nurses, teachers, social workers, and to the public.



Influenced by a model act governing Hospitalization of the Mentally Ill, which was drawn up by the Federal Security Agency at the request of the Conference of State Governors, a number of state legislatures have modified their laws to provide for the mentally ill and to safeguard commitment procedures.

While the number of public hospitals has remained about the same, they have had to make room for more and more patients with the result that the individual patient is in grave danger of becoming a mere number in the mass. Yet one of the essentials of good therapy is individual care and treatment. Where such care has been achieved, results have paid off remarkably. Some patients who had been hospitalized for ten, even twenty years, and were considered hopeless, have improved to the point of discharge. Nearly half of the patients admitted to state mental hospitals are out by the end of a year. In 1949, their average stay was eight months.

Rehabilitation

The day a patient enters a hospital should be the day his rehabilitation begins. Everything in his hospital regime should look to that end. Rehabilitation is best accomplished, however, when those beyond the walls of the hospital as well as those within cooperate — members of the patient's family, friends, business associates, members of his church or of other groups to which he may belong.

People in communities close to mental hospitals have been slow to realize that those behind its gates are neighbors and that they have a job to do in keeping a friendly path open between the hospital and the nearby community.

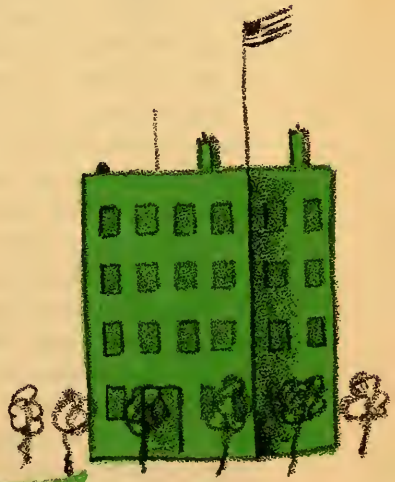
Important links between the hospital and the community are the volunteers from various organizations, who are growing in number and in the variety of services they render. They are like the volunteers in general hospitals. They help with recreation, entertainment, and personal services. The volunteer is in a unique position to do many things for the patient which cannot be done by the professional staff.

One of the most helpful means of rehabilitating a person of working age is to restore him to a job, either his old job or another for which he is fitted. Vocational counselors are being specially trained by the Federal Office of Vocational Rehabilitation to work with mental patients and help get them back on the job. Some of these counselors work within the walls of the hospital, helping patients to establish a skill and eventually to find a job. The counselors have a further task to educate employers to willingness to employ discharged patients. This job has been so successfully carried out in some places that employers have more jobs to offer than there are dismissed patients to take them.

Workers on the Job

Business and industry are turning serious attention to men as well as to machines and methods. Medical service, with a company physician, has long been part of the set-up in many large industries and corporations. The personnel counselor is a newer member of the team, a counselor particlarly skilled in human relations.

Starting out originally with the purpose of fitting the right man into the right job—still a prevailing motive — counseling has



become more and more devoted to helping workers solve their personal problems, whether off the job or on. The worried worker is a below-par worker, and oftentimes a hazard, whether he operates a lathe or sits behind an executive desk.

Thirty per cent of absenteeism, according to a recent survey, is said to be traceable to emotional disturbances of workers. Sixty to 80 per cent of all dismissals of workers in industry are said to be due to social maladjustment rather than technical incompetence. Accidents can be traced in many cases to the worker with troubles on his mind. One man with a gripe can infect a whole group as surely as can one man with virus.

Some plants are studying the work environment to try to determine the factors which contribute to contentment or discontent among workers. The losses to industry traceable to maladjustments of workers are a prod to expansion of services in the field of mental health. What is now being done merely scratches the surface, but it points the way to much wider application.

The Aging

Since 1900 the population over 65 has increased from 3,000,000 to 13,000,000. In another 25 years, it is predicted that 10 per cent of the population will be over 65.

A population in which the average age is rising poses a problem which neither individuals, families, nor society have faced squarely. It is a problem with many implications. Economic security is one. If the older person can keep occupied and has a measure of independence, he proves a much better mental-health as well as physical-health risk. The same is true if he has friends, family ties, or organizational interests.

Much that is being done for the aging is helpful: housing experiments aimed toward independent living for the elderly; employment agencies and guidance centers for the retired worker; the golden age clubs and recreation centers provided by community groups. These contribute toward keeping the increasing numbers of the older population from becoming mental health liabilities.

Twenty-seven per cent of all new admissions to state mental hospitals are patients with the diseases of old age — senile psychosis, and psychosis with arteriosclerosis. Yet among these—where some of the new therapies have been tried and where care has been intensified — many not only have improved but have been able to leave the hospital.

The sound mental health viewpoint is that older people should be kept apart from younger people as little as possible. They should be neither neglected nor coddled, but treated with the dignity and respect due them.

People in Action

Because mental health is everybody's business it runs the risk of being nobody's business. Mental health intimately and hourly concerns every single one of us. When Clifford Beers, at the turn of the century, wrote of his own first-hand knowledge of a disordered mind and society's mishandling of such disorders, he struck a telling blow at the ancient superstitions about mental illness.

But some of these superstitions are still with us. When people are ready to face mental illness freely, talk about it, understand its threats and the hopes of curing and preventing it, then will the citizen movement for strengthening our mental health reach its maturity.

The official agencies, federal, state, and local units, initiate public mental health programs. They reveal the facts, formulate legislation, and help educate the public, but they can do only what public interest and support demand. The life blood of interest and action is in people, people in the biggest metropolitan centers, people in the smallest crossroads hamlet.

The National Association for Mental Health

An outgrowth of Clifford Beers' early work is a voluntary organization, the National Association for Mental Health. It is the focal point of a network of state and local associations, which in their turn spearhead voluntary action in communities. Each of the citizen associations — 40 state groups and 286 local associations — autonomously gears its activities to local situations and needs. They disseminate information on mental health and on the facilities and care needed for persons with mental disorders. They stimulate and sponsor educational programs. They work to obtain legislative support for services designed to improve mental health.

The National Association for Mental Health works with the federal and state governments and also with professional associations in the psychiatric field. It sponsors research and sparks new programs wherever there is a need.

One example is the program of psychiatric aides. The association has taken the initiative in strengthening the personnel in mental hospitals. This is accomplished through workshops sponsored jointly by the National Association for Mental Health and the American Psychiatric Association, in which administrators of psychiatric aide programs and representatives of national professional and government organizations participate. Handbooks for psychiatric aides have been published and are widely used. The National Association for Mental Health makes awards each year to meritorious aides in psychiatric hospitals throughout the country. It has started a similar award program in institutions for the mentally deficient.

As the initiator of much action that has been carried forward by other groups, the National Association for Mental Health has been

in the vanguard of mental health activity. It conducts a continuous educational program; disseminates publications, documentary films, and plays; and sponsors Mental Health Week each year.

Other Citizen Groups

Another citizen group, the National Mental Health Committee, is active in sponsoring mental health legislation, especially that promoting research, community services, and the training of personnel.

Besides those groups specifically organized for mental health programs, many other citizen organizations are making vital contributions in their communities, carrying on a variety of activities; promoting legislation for better hospital care; organizing and supporting psychiatric clinics; strengthening guidance services in schools, courts, and welfare agencies; promoting education.

Mental health activities are not always specifically labeled. Parent study groups, marriage counseling services, pastoral counseling, and the daily work of mature parents and teachers with children — all these help to build foundations of good mental health. Further hope lies in the growing voluntary movement in which more and more citizens are uniting in mental health associations which serve as a focal point for education and community action.

The strengthening of the mental health of one individual inevitably means benefit to many others. He or she will be a better parent, a better worker, better citizen. And many such individuals will help to make a better society.

HOW CAN WE FIND OUT MORE?

A SEVEN-YEAR OLD BOY who had worn down his mother and everybody else by the questions his insatiable curiosity prompted was having his first bout with a psychologist. When told that he could ask all the questions he liked, the youngster was puzzled for a moment. "I don't know whether to ask about people or the world," he said. Then, "After all, I think I'd rather ask about people."

Researchers in the field of mental health have been in much the same divided state of mind as the seven-year-old: shall they inquire about people or the world? Their conclusion, however, is not one or the other, but *both.*

The basic aim of research is to understand human behavior, its origins, and its determining factors. Within this framework there are two main categories: the pathological, to search out causes, characteristics, and methods of treatment of mental diseases; and research aimed toward prevention of mental illness and promotion of mental health through increased knowledge of the processes of human growth and development. Although research in this latter field is at an early stage, it can yield invaluable results in the promotion of positive mental health.

The theory used to be that mental illness was always due to a damaged or defective brain. That was based on the concept, now recognized as too narrow, that the "mind" was entirely a function of the brain, rather than a function involving the whole physical make-up, glands, muscles, internal organs, as well as reacting constantly to external influences.

On the basis of that earlier theory, research was almost solely anatomical, confined to the study of the brain and the central nervous system. Some of the most important current research continues in that field, but with refinement of techniques and tools, great advances in this field of study have been made. The brain is gradually becoming a clearly charted continent. Inquiry of the scientist can focus upon a single brain cell, even parts of a cell, in the endeavor to discover whether the brain of a person with schizophrenia or with cerebral arteriosclerosis differs from that of a healthy person.

This line of research has led to greater knowledge of how the brain operates, of what sections of the brain are associated with different functions — the memory, the perceptions, the emotions, and personality controls. Studies of the chemistry of the brain are under way to try to determine the relationships between brain metabolism and mental aberrations.

Delicate machines have been devised which measure the electrical brain waves to determine the difference in the brain responses of the mentally ill and the healthy person.

In spite of the many inquiries into the causes of mental illnesses, they remain obscured. The search for methods of treatment have advanced further, although, as research continues, the accepted treatment of yesterday may become the rejected treatment of today. The shock therapies, for instance, in which patients are subjected to electric shock of varying degrees and to shock induced by high dosages of insulin, are constantly being reexamined in order to determine their effectiveness. Although no longer so generally applied in all types of mental illness, their effectiveness is still recognized in the treatment of cases of involutional melancholia, manic depression, and some schizophrenic cases where patients are highly disturbed. After-effects of shock treatment on the personality are being studied.

Research on Schizophrenia

New knowledge relating to schizophrenia seems to promise some of the most hopeful results research has yielded. Schizophrenia, or dementia praecox, is the arch enemy among mental diseases. Schizophrenic patients represent 47 per cent of all patients in mental hospitals and occupy 25 per cent of all the hospital beds in the nation's hospitals. Moreover, many individuals with this type of mental illness are in the highest wage-earning and productive age. Not only is the total cost of their often prolonged care greater than that of all other mental patients, but the loss in earnings and productivity is a heavy loss to society.

In the light of these facts, attack upon this most costly of mental ills is of major importance. A series of research projects now in process may yield results that will greatly weaken, if not eventually lead to the conquest of, this crippling foe of the young and the middle-aged.

These research projects on schizophrenia are widely varied. Some are in physiological, others in biochemical, endocrinological, psy-

chological, or in sociological areas. Some of the most important of these relate to the functioning of the endocrine glands, particularly the adrenal cortex and the systems in the body related to it.

Some of the studies related to schizophrenia as well as other mental diseases are concerned with the interaction of social and psychological stresses and the physical factors. Studies to determine the nature of these stresses and methods of therapy to deal with them are being carried out with patients in hospitals, with children in clinics, and, in some instances, with animals at research centers.

For the past eighteen years research relating to schizophrenia has had much attention and support up to $70,000 a year from the Supreme Council 33 Degree Scottish Rite Northern Masonic Jurisdiction. These projects have been carried out under the supervision and direction of the National Association for Mental Health and represent a comprehensive research assault on this illness.

Much research is being carried out in the field of child behavior since it is increasingly recognized that many adult mental illnesses have their roots in the early developmental period. Some of the studies deal with disturbed children, others with normal children.

Though man's search for knowledge of himself is the oldest study in the world, to the layman many of the modern ways of going about it may seem far afield. We need to remember that the major sciences involved in today's search for an understanding of behavior — psychiatry, psychology, sociology — are young sciences.

Research Funds Inadequate

From the standpoint of money invested, research in mental health is the poor relation of research in the other health fields. The $5,000,000 — from all sources — spent annually to find out more about mental illness is mere pin money compared to that spent on research in some of the other diseases such as cancer, arthritis, polio. For instance, for each cancer patient $38 is spent on research; for each mental patient only 64 cents.

Congress appropriated $1,500,000 for the fiscal year 1953 to the National Institute of Mental Health of the Public Health Service,

FACTS ABOUT OUR MENTAL HEALTH

It is estimated that at least 6 per cent of the population of the United States—9,000,000 persons — are suffering from emotional or other personality disturbances. Of these, 1,500,000 may be said to be suffering from mental illness; and another 1,500,000 are mentally deficient.

On any given day 3½ persons out of 1,000 are in prolonged-care mental hospitals, or approximately 525,000.

The cost of maintaining a patient for a day is
— from $1.01 to $4.27 in a public mental health hospital
— about $6.90 in a veterans' psychiatric hospital
— from $9.50 to $11.50 in a private psychiatric hospital

Analysis of first admissions (in 1950) to mental hospitals:

Disease	Per cent	Age-group in which disease is most common
Schizophrenia	21	Youth
Senile psychosis and psychosis of cerebral arteriosclerosis	27	Old-age
Manic-depression	6	Middle-age
Alcoholism	5	" "
Involutional psychosis	5	" "
General paresis	4	" "
Paranoia	1	" "

Analysis of length of stays in average mental hospital:
15% have been there less than a year
25% have been there 1 to 5 years
60% have been there 5 years or more

About 42 per cent of psychotic patients admitted to state mental hospitals are released within one year following admission.

At least 150,000 children are seen in psychiatric clinics each year.

During World War II, 1,850,000 men (18 to 37 years of age) were rejected on neuropsychiatric grounds (including those rejected for mental deficiency). This represented 38 per cent of those rejected for all causes. About 545,000 were discharged because of neuropsychiatric disorders during the war, representing 49 per cent of all the medical discharges.

Emotional and personality disorders undoubtedly play a considerable part in the "social illnesses" typified by:

1) the 1,750,000 serious crimes committed each year, many by persons under 21.

2) the 265,000 children between 7 and 17 who are brought to juvenile courts each year.

3) the 17,000 persons who commit suicide each year.

4) the estimated 50,000 persons who are addicted to narcotics.

5) the 3,800,000 problem drinkers, of whom 750,000 are chronic alcoholics.

to make grants to scientists in various centers for research in mental health and mental illness. Many of the states also make appropriations to carry on research projects.

The purpose of government subsidy of research in this as in other fields of public health is to assist scientists to seek cures and find means to reduce the incidence, as well as the costs of the disease. Also, the government is in a better position to support the carrying out of long-term projects than are many private institutions.

In no field of research is greater patience needed than in that of mental health. Results cannot always be expected today from yesterday's investment. When the first atom bomb was exploded few of us realized that a hundred and fifty years of research into the splitting of the atom had preceded it. The alchemists of old, in their efforts to change basic substances into gold, were on much the same trail.

NEW PERSPECTIVES

IT HAS BEEN SAID that not more than 25 per cent of present-day medical knowledge is actually put into use for the mentally ill in hospitals. At about the same low level we are applying generally the mental health knowledge we now have.

This lag in the use of what we already know can be laid in part to the lack of enough specialists to serve as leaders. We cannot wait, however, for their ranks to swell to the numbers needed. According to Dr. R. H. Felix, Director of the National Institute of Mental Health, little will be accomplished in the comparatively new field of mental health unless the knowledge of human behavior which psychiatry has given us can be spread to the large number of people who deal day by day with human beings in their homes, schools, churches, offices, and factories.

At all the strategic points where men and women are being trained, in medical schools for the education of general practitioners, in teacher-training institutions, schools of social work, law schools, and so on, basic psychiatric knowledge should, and is beginning to,

be taught. In time, no medical student will receive his degree who has not had some psychiatric education. Not only are divinity schools teaching psychiatry, but many students spend an internship in mental hospitals.

In New York State an interdepartmental Mental Health Commission has been established. Its main function is to bring about joint action in the mental health programs of the departments represented — education, social welfare, correction, health and mental hygiene.

In a country like ours, there is no one pattern of a mental health program which can be geared to the conditions of all communities. While the broad outlines do not vary, the methods of meeting them may well be determined by many local factors. There are, however, certain basic needs. First, the public needs to be protected from the mentally ill and deficient. Historically this was our earliest need.

The second need is good care for those who can benefit no further from medical and educational effort — the mentally ill on whom psychiatry has exhausted its resources and the mentally deficient for whom schools have nothing more to offer.

A third need is that of scientific treatment for mentally ill and convalescent persons, and the protection and training of those mentally deficient who are capable of training.

The fourth need is to help those with minor mental problems extending from the milder neuroses down to personality maladjustments. Most of these needs are met within the community.

Fifth, there are those whose needs come within the scope of such agencies as schools, social agencies, the courts, and churches. These agencies may need psychiatric advice in order to render the best possible service. To this end a sixth and further need is to help the personnel of these agencies to understand their responsibility in applying the principles of mental health in all their work.

A seventh need is to remove those conditions within the community environment that contribute to mental ill health, just as we remove sources of infection for tuberculosis, typhoid fever, or venereal disease. Examples vary from the elimination of slum conditions to the removal of a neurotic school teacher.

An eighth and final need is the promotion of positive mental health, just as we try to promote maximum physical health. This lies outside of psychiatry and must be carried on in the home, the school, and the place of work — wherever normal life is lived.

Scanning such needs, Dr. George S. Stevenson, Medical Director of the National Association for Mental Health, points out that "it is evident that community efforts in mental hygiene call for a different concept of the function of a community than has prevailed in the past. If the functions of a community are conceived of as a composite of the needs of any one of its citizens, then it is obvious that the agencies of the community can be considered no more separable than are the needs of the people whom they serve. In the past the independence and isolation of community agencies have been such that the poor, confused recipient of their services has been forced to piece them together when the professional leaders of these services have been unable to do so.

"It is evident that for the concept of the independence of agencies, a principle of agency interdependency should be substituted, and every agency should recognize that the quality of its work will depend to a degree upon the quality of the work of the other agencies, especially those that are closely related to it."

A changing approach to the whole problem of treatment and prevention of mental illness and promotion of mental health is beginning to challenge the imagination of citizens. The walls of isolation which have shut off the mental institutions from the communities they serve are breaking down. The resources of the hospital are being utilized by the community, and the resources of the community are more and more being made available to the hospitals. In this newer sense the hospital becomes a part of a more comprehensive service which takes into account all the mental health needs of the people.

An awareness of responsibility is growing and deepening in citizens: a realization that they have a vital stake not only as taxpayers, but as good citizens, to reduce the toll of mental illness and strengthen the bulwarks of mental health. A too little and too late attitude

toward the problem is indefensible. The answer lies in more knowledge and more action by public agencies, in schools, in homes, by voluntary agencies, welfare and civic groups, more cooperation between the different professional groups, and closer bonds between the professional and citizen bodies — in short, community action in unity of purpose.

The mental health movement, though in its infancy, must be recognized as having already ushered in a revolution — a peaceful and hopeful revolution. It is changing many things, even our vocabulary. We have words in common use today which only yesterday were the private parlance of the specialist — "neurosis," "traumatic," "psychosomatic," "schizophrenic," and a host of others. New words mean new concepts, new understanding.

We begin to judge people differently, their motives for doing things. Magistrates on the bench render decisions in the light of this new understanding. Army officers, supervisors in plants judge men differently. Teachers in schoolrooms are changing their attitudes. Little incorrigibles who draw nasty pictures of teachers may be the gifted who are out of line with their classmates. The conformers who bring apples to teacher may be the repressed who later will have to reckon with their early repressions.

To the field of physical health where so much has been done toward prevention of formerly common childhood diseases, slowly but surely are being added gains in the mental health field: detection and prevention of the mental disorders of children, better understanding of the cycles of growth and the vital periods of development at which stresses hold peculiar emotional hazards.

The means of spreading such knowledge are increasing. Literature geared to the understanding of laymen, a volume of documentary films, radio presentations, magazine articles, are making more familiar the danger signals of mental illness and the principles of mental health. This steady flow of public information is an important link in the rapidly forging chain of mental health.

The psychological sciences are placing in the hands not only of specialists but of untechnical, everyday people tools with which we

can understand ourselves better and reshape human behavior to more harmonious ends. Many of the tools are in need of greater refinement. A more determined will to make use of them is needed. But as what we now know is more generally applied and new knowledge accrues, the result should be a better society, with more mature human beings.

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